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Senior care: Differences by type of housing

by Martin Turcotte and Carole Sawaya

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- x suppressed to meet the confidentiality requirements of the *Statistics Act*
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- F too unreliable to be published
- * significantly different from reference category ($p < 0.05$)

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Senior care: Differences by type of housing

by Martin Turcotte and Carole Sawaya

Overview of the study

This article provides information on the care provided by caregivers to seniors with a long-term health condition, a disability or problems related to aging. It focuses on how the intensity and nature of the care vary depending on seniors' type of housing. Four types of housing are examined: care facilities, supportive housing, private households separate from the caregiver, and private households shared with the caregiver.

- Of the 5.4 million caregivers who provided care or help to seniors in 2012, 62% helped a senior in a private household separate from theirs, 16% a senior who lived with them in a private household, 14% a senior in a care facility, and 8% a senior in supportive housing.
- Care receivers living in care facilities were generally older, more likely to be women and more likely to have a serious health condition than those living in other types of housing.
- In 2012, 56% of caregivers who lived with their care receiver provided at least 10 hours of care per week, compared with 22% of caregivers helping seniors in a care facility and 15% of those helping seniors in a separate private household or in supportive housing.
- Approximately one-third (33%) of those helping seniors in a care facility and 29% of those who shared a home with their care receiver reported strain on family relationships, compared with 21% of those who helped seniors in a separate household and 23% of those who helped seniors in supportive housing.

Introduction

Caregivers help hundreds of thousands of Canadians who are aging or who have a long-term health problem continue living at home, by providing practical help, emotional support and care. However, "aging at home" is not always possible, and some seniors need to move into supportive housing, such as a retirement residence. Others, in more serious cases, have to move to a care facility.

A commonly held belief is that the caregivers of seniors living in a care facility have fewer responsibilities than those helping seniors living in their private household. Seniors in a care facility can rely on paid help for household maintenance and chores, meal preparation and the like. Medical staff is also available, which may reduce the responsibilities of some caregivers.

Yet, the services available to residents of care facilities or supportive housing may not meet all the needs of the care receivers. As well, since the health of seniors

in a care facility is generally not as good as those living in their own homes, they may require more help and care from relatives.

Using data from the 2012 General Social Survey (GSS) on Caregiving and Care Receiving, this article compares the intensity and nature of the care provided by caregivers depending on where the senior is living:

- a) in an institution or a care facility, such as a hospital or nursing home;
- b) in supportive housing, where minimal to moderate care, such as homemaking or personal care services, is usually offered so that people can live independently;
- c) in a private household separate from that of the caregiver; or
- d) in a private household shared with the caregiver (living together).

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In this article, caregivers are persons aged 15 and over who provided care in the previous 12 months to seniors aged 65 and over with a long-term physical or mental health condition, a disability, or problems related to aging (see *Data sources, methods and definitions*).¹

Nearly three-quarters of a million caregivers helped a senior in a care facility

In 2012, 5.4 million Canadians provided help or care to seniors aged 65 and over with a chronic health condition, a disability, or problems related to aging. The type of help provided could include meal preparation and housework, transportation for appointments or errands and household maintenance, personal care (such as bathing or dressing), and help with medical treatments or procedures.

Of these 5.4 million caregivers, 743,500 (or 14%) provided care to a person living in a care facility, such as a long-term care hospital or nursing home. (For a profile of the characteristics of caregivers by type of housing of their primary care receiver, see *Profile of caregivers by type of housing of their care receiver*).

As well, 438,300 people provided help or care to seniors living in supportive housing (8% of caregivers of seniors). Therefore, a total of 1.2 million caregivers provided care to seniors living in a collective dwelling in 2012 (22%), that is, in a care facility or in supportive housing.

The other 4.2 million caregivers of seniors (78%) did so to a person living in a private household. Specifically, close to 3.3 million caregivers (62%) helped seniors living in a private household separate from theirs,² and 881,300 (16%) helped a senior living with them in the same household.

These numbers are not surprising since, according to data from the 2011 Census, the vast majority of seniors—slightly more than 90%—were living in a private household.³

The share of caregivers helping seniors in a collective dwelling is increasing

Some comparisons with the previous 2007 General Social Survey on Caregiving and Care Receiving can be made in the case of caregivers aged 45 and over.

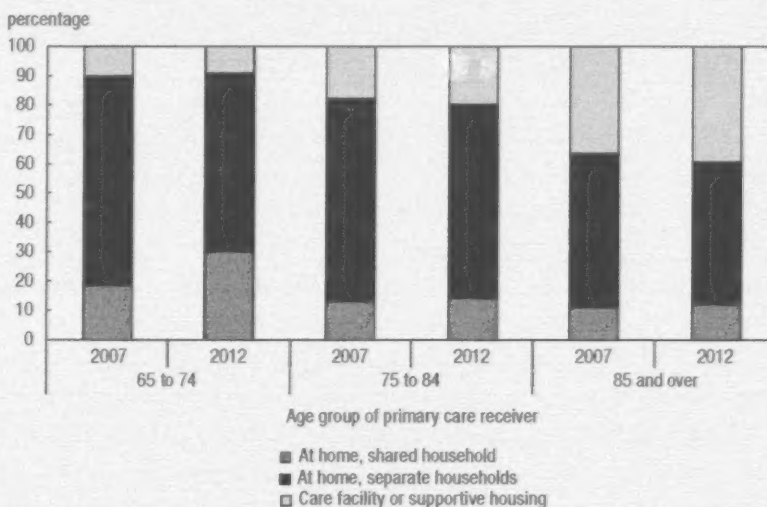
Between 2007 and 2012, the proportion of caregivers aged 45 and over who helped seniors living in a collective dwelling (care facility or supportive housing) increased slightly, from 22% to 25%. In contrast, the proportion of caregivers who provided care to seniors living in a separate household decreased,

from 64% to 59% over the same period. Lastly, the percentage of caregivers who shared a home with their care receiver increased slightly over the period (from 14% to 16%).

These trends were more pronounced in the case of caregivers helping seniors who were aged between 65 and 74 (Chart 1). Among them, 61% helped a person living in a separate household in 2012, down from 71% in 2007.

At the same time, within this group of caregivers, the proportion of those living with their care receiver increased from 19% to 30%. This increase among caregivers of seniors aged 65 to 74 may be the result of an increase over the last 30 years in the proportion of seniors living as a couple.⁴ Consequently, the number of seniors who rely on their spouse for help or care is also likely increasing.

Chart 1
Percentage distribution of caregivers¹ by type of housing of primary care receiver, by age group, 2007 and 2012



1. Includes only care receivers whose caregiver is aged 45 and over.

Source: Statistics Canada, General Social Survey, 2007 and 2012.

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The remainder of this article provides information on all caregivers—aged 15 and over, by the type of housing of their primary care receiver.

More than one-half of caregivers of seniors living in a collective dwelling had a care receiver aged 85 and over

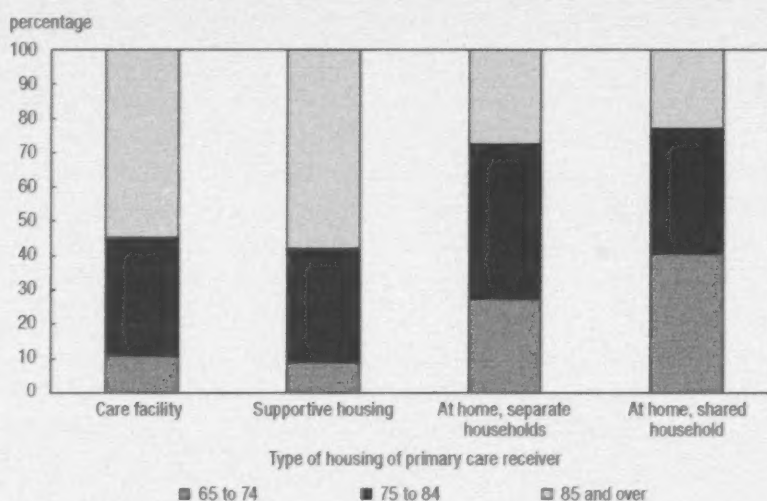
The proportion of seniors living in a collective dwelling increases rapidly with age. According to data from the 2011 Census, 31% of seniors aged 85 and over lived in a collective dwelling, compared with 2% of seniors aged 65 to 74.⁵ Consequently, the age profile of seniors receiving care from caregivers varied significantly depending on whether they were living in a private household or in a collective dwelling.

In fact, 55% of those helping seniors in a care facility and 58% of those helping seniors in supportive housing were providing care to seniors aged 85 and over in 2012. In comparison, 27% of caregivers of seniors living in a separate private household and 23% of those living with their care receiver were taking care of someone aged 85 and over (Chart 2).

For all types of housing, the care receivers were most likely to be women. The reason is that most seniors are women, especially among seniors aged 85 and over—who had the largest proportion of care receivers.⁶ In fact, women represented more than two-thirds of those aged 85 and over, compared with slightly more than one-half of those aged 65 to 74.

Therefore, the caregivers of seniors living in a care facility or supportive housing were more likely to have a female care receiver (77%). In

Chart 2
Percentage distribution of caregivers by age group of primary care receiver, by type of housing, 2012



Source: Statistics Canada, General Social Survey, 2012.

comparison, 62% of caregivers living with their care receiver helped a woman (Table 1).

With respect to the relationship between the caregiver and the care receiver, 61% of caregivers of seniors living in a care facility helped a parent or a parent-in-law. This proportion was similar among caregivers of seniors living in a separate private household.⁷

Other relationships were different across housing types. For example, among caregivers of seniors living in a care facility, 11% helped a friend or neighbour, compared with 17% of those whose care receiver was living in a private household separate from theirs. As well, while only 2% of caregivers of seniors living in a care facility helped their spouse or partner, 29% of caregivers living with their care recipient did so.

One-quarter of caregivers of seniors living in a care facility were providing care to a person with Alzheimer's disease or dementia

The reasons why and health conditions for which caregivers provide help can vary widely (for example, cancer, cardiovascular disease and chronic pain). These different conditions, depending on their severity, can also involve care that varies in intensity.

When caregivers of seniors were asked the main reason for which their care receiver had received help, aging was the reason given most frequently, regardless of dwelling type.

What specifically distinguished caregivers of seniors living in a care facility was their greater propensity to be helping a person with

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Table 1
Characteristics of primary care receivers, by type of housing, 2012

	Care facility (ref.)	Supportive housing	At home, separate households	At home, shared household
		number (in thousands)		
Total	743.5	438.3	3,338.4	881.3
		percentage		
Age of care receiver				
65 to 74	11	9 [†]	27 *	41 *
75 to 84	35	33	45 *	37
85 and over	55	58	27 *	23 *
Sex of care receiver				
Male	23	23	31 *	38 *
Female	77	77	69 *	62 *
Relationship with caregiver				
Grandparent	16	19	20	13
Friend or neighbour	11	10	17 *	2 ^{†*}
Father-in-law or mother-in-law	14	15	12	10
Father or mother	47	46	45	42
Spouse or partner	2 [†]	F	0 ^{†*}	29 *
Child	F	F	F	F
Other family member	10	8 [†]	5 *	3 ^{†*}
Main health condition related to help received by the care receiver				
Cardiovascular disease	12	8 ^{†*}	10	14
Cancer	6 [†]	4 [†]	11 *	9
Mental illness	3 [†]	2 [†]	2	2 [†]
Alzheimer's disease	25	11 *	4 ^{†*}	8 *
Neurological disease	5 [†]	F	2 *	5 [†]
Aging or frailty	34	53 *	44 *	29
Other chronic health problems	15	21 *	26 *	32 *
Severity of health condition¹				
Mild	9 [†]	12 [†]	17 *	15 *
Moderate	31	43	41	39 *
Serious	60	45 *	42 *	45

[†] use with caution

F too unreliable to be published

* significantly different from reference category (ref.)

1. Does not include persons who reported aging or frailty as the reason for receiving care.

Source: Statistics Canada, General Social Survey, 2012.

Alzheimer's disease or dementia (25%). In comparison, such was the case for 11% of caregivers of seniors living in supportive housing and 4% of caregivers of seniors living in a separate household.

In addition, the health of seniors living in a care facility was generally not as good as those living in other types of housing. In fact, 60% of caregivers of a care receiver in a care facility described the health condition of the senior they were helping as serious compared with 45% of caregivers

whose care receiver was living in supportive housing or living with them, and 42% of caregivers whose care receiver was living in a separate private household.

These numbers are not surprising, because seniors with more serious health conditions are more likely to be in a care facility. Nevertheless, they may have a greater need for care and help, meaning that their caregivers may have more important responsibilities.

More than one-half of caregivers living with their care receiver provided 10 hours of care or more per week

Caregivers living with their care receiver were proportionally more likely to provide longer hours of care. In fact, more than one-half of them (56%) provided at least 10 hours of care to their care receiver in a typical week. These caregivers are often responsible for the care receiver 24 hours a day and help with a number of activities.⁹

Among those helping seniors in other types of housing, it is caregivers helping seniors in a care facility that were the most likely to provide longer hours of care. Specifically, 22% of them provided 10 hours of care or more per week in 2012, compared with 15% of those helping seniors in a separate household or in supportive housing (Table 2). Part of the reason for these differences is that care receivers in a care facility are older and more likely to have Alzheimer's disease or dementia.⁹

When age and health differences between groups were taken into account, caregivers who lived with their care receiver remained more likely than other caregivers to provide at least 10 hours per week of care or help. The remaining differences between the three other groups, however, were not statistically significant (predicted probabilities, Table 2).¹⁰

Approximately 21% of caregivers of seniors in a care facility provided personal care

Some types of activities, such as emotional support or visits and telephone calls to ensure that

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Table 2
Intensity and type of care provided by caregivers, by type of housing of primary care receiver, 2012

	Care facility (ref.)	Supportive housing	At home, separate households	At home, shared household
	percentage			
Hours of care or help per week				
1 or less	28	34	33	7 ^{1*}
2 to 4	32	38	37*	21*
5 to 9	18	13	15	16
10 or more	22	15*	15*	56*
Types of care or help provided to primary care receiver, at least weekly				
Transportation	25	35*	34*	64*
Meal preparation, housework, dishes	17	22	24*	75*
Personal care	21	12*	8*	33*
Medical treatments or procedures	7	8 ¹	8	36*
Scheduling or coordinating care-related tasks (making appointments, etc.)	9	11	8	24*
Banking, paying bills or managing finances	17	15	7*	21
	predicted probabilities			
Provided 10 hours of care or more per week	0.19	0.15	0.15	0.56*
Type of care or help provided to primary care receiver, at least weekly				
Transportation	0.24	0.35*	0.35*	0.64*
Meal preparation, housework, dishes	0.15	0.22*	0.24*	0.75*
Personal care	0.18	0.12*	0.08*	0.32*
Medical treatments or procedures	0.06	0.08	0.08	0.36*
Scheduling or coordinating care-related tasks (making appointments, etc.)	0.08	0.11*	0.08	0.24*
Banking, paying bills or managing finances	0.15	0.14	0.07*	0.21*

¹ use with caution

* significantly different from reference category (ref.)

Source: Statistics Canada, General Social Survey, 2012.

everything is all right, are carried out by almost all caregivers. Other activities, such as medical treatments or procedures and personal care, are less common. The latter activities, generally more cumbersome, are most often carried out by caregivers living with their senior care receiver.¹¹ For example, more than one-third of caregivers living with their care receiver provided personal care or medical treatments.

Among the caregivers not living in the same household as their care receiver, those helping seniors in a care facility were the most likely to have provided personal care on a weekly basis (21%). In comparison,

the percentage was 8% among those helping a person living in a separate private household (Table 2).

This difference remained statistically significant when the results were adjusted to account for factors such as the age and the health condition of care receivers.¹² Personal care may be provided as a supplement to the services provided in care facilities, particularly when seniors prefer to be helped by a close relative.

Among those not living with their care receiver, caregivers of seniors living in a care facility were more likely to have helped with banking, paying bills or managing finances

(17%, compared with 7% of those helping seniors living in a separate private household).

Worry, anxiety or fatigue of caregivers

Caregivers have a fundamental role to play in improving and maintaining the quality of life of persons who are losing the ability to look after themselves and those with a chronic health condition. However, when caregiving responsibilities become too demanding, the well-being of caregivers may be affected (for example, they may experience negative consequences on their psychological or physical health, finances, employment, social life and leisure).¹³

Among all caregivers helping seniors in 2012, more than 1 in 2 reported feeling worried or anxious as a result of their caregiving responsibilities, 1 in 3 felt short-tempered or irritable, and 1 in 6 felt depressed.

Caregivers of seniors living in a care facility shared a number of psychological distress symptoms experienced by those helping a senior living with them or in supportive housing. However, they seemed generally more likely to be negatively affected than caregivers of seniors living in a separate household.

For example, 22% of caregivers of seniors living in a care facility reported feeling depressed as a result of their caregiving responsibilities, compared with 14% of those providing care or help to seniors living in a separate private household (Table 3).

Again, certain risk factors specific to the role of caregivers of seniors living in a care facility (for example, more hours of care, care recipients that are more likely to have Alzheimer's disease, diversity of care) are part of

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Table 3

Consequences of caregiving responsibilities in the past 12 months,¹ by type of housing of primary care receiver, 2012

	Care facility (ref.)	Supportive housing	At home, separate households	At home, shared household
	percentage			
Symptoms of psychological distress				
Tired	56	48	43*	54
Worried or anxious	60	55	49*	61
Overwhelmed	36	33	26*	40
Lonely or isolated	17	13 [†]	11*	27*
Short-tempered or irritable	34	36	29	46*
Dissatisfied	24	22	15*	23
Depressed	22	19	14*	23
Loss of appetite	12 [†]	11 [†]	8	15
Problems sleeping	36	34	26*	40
Health consequences				
Caregiver's health affected	26	18	14*	26
Physically strenuous responsibilities	29 [†]	35 [†]	32	39
Saw a health practitioner for own health issues resulting from caregiving responsibilities	20	14	12*	20
Was injured while performing caregiving duties	3 [†]	4 [†]	4	6 ^{†*}
Amount spent (non-reimbursed) during the year for various types of expenses				
\$0	33	34	43*	37
\$1 to less than \$500	22	24	27	18
\$500 to less than \$2,000	27	24	18*	17*
\$2,000 or more	18	18	12*	27*
Social consequences				
Spent less time with spouse or partner	52	51	43*	55
Spent less time with children	44	37	33*	36*
Spent less time with friends	51	42*	38*	53
Spent less time on social activities	58	49	43*	60
Spent less time relaxing	57	53	49*	53
Strain on relationship with family members	33	23*	21*	29

[†] use with caution

* significantly different from reference category (ref.)

1. Caregivers who spent two hours or more per week providing care or helping.

Source: Statistics Canada, General Social Survey, 2012.

the reason that these caregivers are more likely to have severe symptoms of psychological distress.

Hence, when the results were adjusted to take these factors into account, caregivers of seniors living in a care facility were as likely to report feeling worried or anxious as caregivers of seniors living in a separate private household (the difference was not statistically significant).

Aside from negative feelings, health consequences may also arise. Among caregivers of seniors living in a care facility, 26% stated that

their health had been affected by their responsibilities (the same percentage as those living with their care receiver). In comparison, 14% of caregivers to seniors living in a separate household reported that their responsibilities had affected their health.¹⁴

Caregivers may incur a number of costs associated with regular visits to a care facility, such as parking fees or the cost of restaurant meals. Such costs, especially transportation costs, may be all the more significant because caregivers of seniors in a care facility live, on average, slightly

farther away from their care receiver than caregivers helping seniors living in a separate household.¹⁵

Caregivers of seniors living in a care facility were more likely than those helping seniors living in a separate private household to have spent \$500 or more during the year (45% and 30% of caregivers, respectively). A similar proportion of caregivers living with their care receiver had spent more than \$500 (44%). However, caregivers living with their care receiver were more likely than all other caregivers to have spent \$2,000 or more on care-related costs (27%).

A significant number of caregivers of seniors living in a care facility had to reduce the time they spent with friends and family. For example, 44% of them had to reduce the time they spent with their children compared with 33% of those providing care to seniors living in a separate private household (and 36% among those who lived with their care receiver). More than one-half of those helping a person in a care facility or in the same household reported a reduction in the time they spent with their spouse or partner and friends, on social activities, or simply relaxing.

Finally, family relationships may be impacted, either as a result of the reduced time available for loved ones or for other reasons. Hence, caregivers of seniors living in a care facility and those living with their care recipient were the most likely to state that their caregiving responsibilities had created strain with family members or friends (33% and 29%, respectively). This compared with 21% among those who helped seniors in a separate household and 23% among those who helped seniors in supportive housing.

Conclusion

The support work of caregivers does not end when a care receiver moves to a facility that provides more specialized services, such as a care facility. Given that caregivers of seniors living in a care facility must, more often, help older persons or those with more serious conditions, such as Alzheimer's disease or dementia, many of these caregivers provide longer hours and personal care—at least in comparison with caregivers of seniors living in a private household separate from theirs.

However, given the close relationships with their care receivers, caregivers living with their care receivers were the most likely to provide longer hours of care and personal care, even when differences in the age and medical condition of the care receivers were taken into account.

Providing care or help to seniors may have psychological, social or financial consequences. That was especially true among those helping a care receiver living in a care facility, but also among those living with their care receiver. For example, more than one-quarter of those helping

seniors in a care facility reported that their health had been affected, the same percentage as among those living with their care receiver. As well, approximately one-third of those helping seniors in a care facility and 29% of those living with their care receiver reported strain on family relationships, compared with slightly more than 20% among those helping seniors in a separate household.

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Data sources, methods and definitions

Data sources

This article is based on cycle 26 of the General Social Survey (GSS) on Caregiving and Care Receiving. The purpose of this survey was to provide estimates on delivering and obtaining care in Canada, the characteristics of care receivers and caregivers, and the consequences of caregiving on the caregiver (specifically consequences on physical and emotional health, consequences on education, and consequences on employment). The target population included all persons aged 15 and over living in the 10 provinces of Canada except full-time residents of institutions (for example, hospitals and prisons). Once a household had been selected, one person aged 15 and over was randomly selected to participate in the survey. In 2012, the sample size was 23,093 respondents.

Methods

In this study, the population was limited to the 6,640 persons aged 15 and over who were providing help or care to a person aged 65 and over with a chronic health condition, a disability, or problems related to aging. According to this definition, about 5.4 million caregivers provided care to seniors in 2012.

This article examines the characteristics of the caregiver's primary care receiver, for example, the care receiver's type of housing. The information on care receivers was collected from the caregiver. To identify the type of housing of the senior to whom the care was provided, respondents were asked whether their care receiver was living

1. in a private household;
2. in supportive housing;
3. in an institution or care facility (such as a hospital or nursing home); or
4. in some other type of housing.

Respondents wanting clarifications on the response options were told that "supportive housing offers minimal to moderate care, such as homemaking or personal care, so people can live independently."

If the primary care receiver lived in a private household, another question in the survey was used to determine whether the care receiver and caregiver lived in the same household.

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Profile of caregivers by type of housing of their care receiver

Women are more likely to be caregivers, regardless of the type of housing. However, the proportion of female caregivers did not vary depending on the type of housing of their primary care receiver.

Caregivers of seniors living in a care facility were more likely to have a care receiver aged 85 and over than caregivers of seniors living in a private household. The results show that caregivers of seniors in a care facility are themselves older.

In 2012, approximately 50% of caregivers of seniors living in a care facility or in supportive housing were aged 55 or over. In comparison, this was the case among 30% of caregivers of seniors in a separate private household (Table A.1).

Since seniors in care facilities were older, caregivers of care receivers living in a care facility were more likely to be retired (27%, compared with 14% of caregivers of a care receiver in a private household). They were also less likely to be taking care of both their children and an aging senior (or to be considered 'sandwiched' between caregiving and child rearing). In fact, 12% of caregivers of seniors living in a care facility had a child aged 14 or under, compared with 15% of those taking care of seniors living in supportive housing and 25% of those who helped seniors living in a separate private household.

Immigrants were also more strongly represented among caregivers of seniors living in the same household (26%, compared with 11% of those whose care receiver lived in a care facility). Immigrant seniors are more than twice as likely to live with relatives as non-immigrant seniors.¹ They are therefore much more likely to receive help or care from a person who shared the same household (for example, their spouse or partner, children or grandchildren).

Table A.1

Characteristics of caregivers whose primary care receiver is a senior, by type of housing of primary care receiver, 2012

	Care facility (ref.)	Supportive housing	At home, separate households	At home, shared household
	percentage			
Sex of caregiver				
Male	46	44	47	45
Female	54	56	53	55
Age of caregiver				
15 to 24	9 [†]	10 [†]	13	12
25 to 34	10 [†]	10 [†]	10	12 [†]
35 to 44	7	5 ^{†*}	16*	12
45 to 54	22	24	31*	19
55 to 64	32	36	20*	16*
65 to 74	15	11*	7*	16
75 and over	4 [†]	4 [†]	3	12*
Employment status of caregiver				
Working or looking for paid work	59	62	67*	46*
In school	8 [†]	6 [†]	10	10 [†]
Retired	27	23	14*	28
Other	7	9 ^{†*}	9*	15
Educational attainment				
Less than a high school diploma	11	8 [†]	12	18*
High school diploma	26	21*	27	32
Some postsecondary studies, no degree	31	41*	34	28
University degree	32	31	27*	22*
Immigrant status				
No	89	92	88	74*
Yes	11	8 [†]	12	26*
Presence of children				
No	74	70	59	80
Yes, but only aged 15 to 24	14	15	16	8 ^{†*}
Yes, children aged 14 and under	12	15	25*	13

[†] use with caution

* significantly different from reference category (ref.)

Source: Statistics Canada, General Social Survey, 2012.

1. See Milan et al. (2014).

Notes

1. The rationale for selecting persons aged 15 or over is that Canadians of all ages are caregivers. For example, a recent study by Statistics Canada showed that 27% of adolescents and young adults were caregivers to a family member or friend in 2012. The care receivers were most often the grandparents (Bleakney, 2014).
2. In this study, all the caregivers live in a private household. Note that persons living in collective dwellings are not included in the sample of the General Social Survey.
3. See Statistics Canada (2011).
4. See Milan et al. (2014).
5. See Statistics Canada (2011).
6. Among those aged 85 or over, 45% received help or care at home because of a chronic health condition, compared with 10% of those aged 65 to 74 (Turcotte, 2014).
7. Specifically, 47% helped their mother or father and 14%, their mother-in-law or father-in-law.
8. If all caregivers are considered, including those caring for persons under the age of 65, approximately 1 in 10 caregivers provided 30 hours of care or more per week (Sinha, 2013).
9. In fact, 32% of caregivers of seniors with Alzheimer's disease or dementia provided 10 hours of care or more per week, compared with 13% of those who helped a person due to aging or frailty.
10. The age of the person helped and the main health condition for which the person received care were included as control variables in the logistic regression model.
11. For example, 33% of them had provided their care receiver with help at least once per week with personal care for bathing, dressing, and going to the bathroom, and hair and nail care.
12. Care receivers living in a private household, in addition to being younger and healthier, may have higher socioeconomic status. In general, having a higher income may be associated with more frequent use of private sources of help, which may reduce the intensity of duties for caregivers. However, the data do not show the level of education or income of the primary care receivers.
13. See Turcotte (2013).
14. This difference remained statistically significant when the age and health condition of the care receiver were taken into account in a logistic regression model.
15. Specifically, 36% of caregivers to seniors in a care facility lived 30 minutes or more by car from their care receiver, compared with 28% of those helping seniors in supportive housing and 27% of those helping seniors living in a private household separate from theirs.

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